

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000134023

Entity Name: GLAXS, LLC

**FILED**  
**Oct 08, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

8877 COLLINS AVE  
509  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

8877 COLLINS AVE  
509  
SURFSIDE, FL 33154

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOUKUP, TATIANA M  
8877 COLLINS AVE  
509  
SURFSIDE, FL 33154 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TATIANA SOUKUP

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: SOUKUP, PHILIP  
Address: 8877 COLLINS AVE # 509  
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: PHILIP SOUKUP

MGRM

10/08/2014

Electronic Signature of Authorized Person

Date